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79646	7590 01/07	lock I for any change of address)  7/2011  mpson LLP - IGT		Fee(s paper have	s) Transmittal. This rs. Each additional its own certificate of Certi	certific paper, s of mailii ificate o	ate cannot be used f such as an assignme ng or transmission. f Mailing or Trans Transmittal is being	or domestic mailings of the or any other accompanying nt or formal drawing, must mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.
Oakland, CA 940	512-0250							(Depositor's name)
								(Signature)
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APPLICATION NO. FILING DATE		FIRST NAMED INVE		TOR	R ATTOR		NEY DOCKET NO.	CONFIRMATION NO.
09/595,798 TITLE OF INVENTION	06/16/2000 USING A GAMING M	AACHINE AS A SERVE	William J. Brosna R	ın	•	IGT1P0	021/P000239-001	3320
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0		\$0		\$1510	04/07/2011
EXAMINER		ART UNIT	CLASS-SUBCLAS					
MCCULLOCH J	R, WILLIAM H	3714	463-042000	_	•			
1. Change of corresponde CFR 1.363).  Change of corresp Address form PTO/SE  "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be praited.  THE BATTENT (print or type)							
	ess an assignee is ident vin 37 CFR 3.11. Com GNEE	ified below, no assignee pletion of this form is NC	data will appear on t IT a substitute for filin (B) RESIDENCE: (C Reno, Ne	he pa g an a DITY e vac	ntent. If an assigned assignment. and STATE OR CO	DUNTR	Y)	ocument has been filed for
4a. The following fee(s) s	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposil Account Number \$204480\$ (enclose an extra copy of this form).							
5. Change in Entity Stat			D					
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Authorized Signature Typed or printed name	/William J. E				Date Ap:		, 2011 28,411	
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